

John R. Ashcroft Secretary of State  
2017-2018 BIENNIAL REGISTRATION REPORT  
NONPROFIT

**N00994664**  
**Date Filed: 10/5/2017**  
**John R. Ashcroft**  
**Missouri Secretary of State**

☐ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

\* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2017

**N00994664**  
**Ministerios El Jordan**  
**ELIUD H VILLATORO**  
**212 N. MAIN ST.**  
**CARTHAGE MO 64836**

ORGANIZED UNDER THE LAWS OF:  
Missouri

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: \*

1 1705 S Baker Blu (Required)  
STREET Carthage Mo 64836.  
CITY / STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐ The new registered agent

2 IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☒ The new registered office address 1705 S. Baker blvd. Carthage Mo. 64836

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

**OFFICERS**

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).

**MUST LIST PRESIDENT AND SECRETARY BELOW**

**PRESIDENT** Eliud Villatoro (Required)  
STREET 905 Valley St  
CITY/STATE/ZIP Carthage Mo 64836  
**V-PRES** Edilma J. Reyes  
STREET 905 Valley St  
3 CITY/STATE/ZIP Carthage Mo 64836  
**SECRETARY** Edgar poroj (Required)  
STREET 206 N Main St  
CITY/STATE/ZIP Carthage Mo 64836  
**TREASURER** Tony Shadden  
STREET 210 N Main St  
CITY/STATE/ZIP Carthage Mo 64836

**BOARD OF DIRECTORS**

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).

**MUST LIST AT LEAST THREE DIRECTORS BELOW**

**NAME** Ruth Cifuentes (Required)  
STREET 206 N. Main  
CITY/STATE/ZIP Carthage Mo 64836  
**NAME** Dixi Villatoro  
STREET 208 N. main Carthage  
CITY/STATE/ZIP Mo 64836  
**NAME** Sanwel Hernandez  
STREET 1721 S. Baker blvd.  
CITY/STATE/ZIP Carthage Mo. 64836

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

4 Authorized party or officer sign here

Please print name and title of signer:

NAME

TITLE

REGISTRATION REPORT FEE IS:

\_\_\_ \$30.00 If filed on or before 8/31/2017  
\_\_\_ \$35.00 If filed after 8/31/2017

Corporation will be administratively dissolved if report is not filed by 11/30/2017

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): eljordan@carthage@3mail.com

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRAR  
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State

ORI-10052017-0575 State of Missouri  
No of Pages 1 Page



Biennial Report - Non-Profit